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Sigonella Hospital Helps Sailors Make Family-Smart Choices

By Brian Badura, Bureau of Medicine and Surgery

SIGONELLA, Italy - Raising a family is demanding - physically, emotionally and financially - and many young Sailors don't fully appreciate the challenges. The Choices program, offered at U.S. Naval Hospital Sigonella, is helping educate them on the rigors of being a parent by letting them experience parenthood without the long-term commitment.

Choices is a command-mandated program that began back in 1997. At the time, the single female Sailor pregnancy rate was 62 percent.

The hospital's health promotions department, together with leaders within the command, developed the educational program to help curtail the trend.

"The initial focus was to try to make an impact on single Sailor pregnancies," said Tammy Loper, Choices program coordinator.

To drive home the reality of caring for an infant, Choices participants are required to care for a high-tech "baby simulator" overnight. Controlled by software developed by a NASA engineer, each simulator acts just like an infant when it's tired, sick or hungry.

"These simulators are extraordinary, because the software can measure things like attention and neglect," said Loper. "When students bring them back to the class, we can download the information to see how well they did."

Participants also have classroom instruction and discussions on pregnancy awareness, lifestyle changes, parent responsibilities, budgeting and sexually

transmitted diseases, among other topics.

Choices is presently being offered to single enlisted Sailors, male and female, at U.S. Naval Air Station Sigonella's military indoctrination for newly reporting personnel. The classes are taught four times a month, and have had a dramatic impact on the single female Sailor pregnancy rate.

"Since the Choices program was started, the rate has dropped to 13 percent," said Loper.

Many other Navy commands are showing interest in the Choices program as a result of the success of U.S. Naval Hospital Sigonella' program.

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Yokosuka Navy Doc Saves Accident Victim

By Bill Doughty, U.S. Naval Hospital Yokosuka, Japan

YOKOSUKA, Japan - Lt. Jacqueline Jones, Medical Corps, was on a seacoast bike ride outside Yokosuka with her husband earlier this month when leisure turned into a life-and-death situation.

The bike riders happened on a jet ski accident with two young women victims, one of whom was unconscious and not breathing.

According to Jones, people on the scene weren't doing CPR properly, including non-standard treatment such as slapping her face and pushing on her stomach.

"I identified myself as a doctor by saying 'isha' in Japanese," said Jones. She said the crowd acknowledged by nodding and saying 'doctor' in English. Jones took over, starting chest compressions and directing a man at the victim's head to breathe into the woman's mouth.

"He was able to get a good breath into the woman. I watched the chest rise and fall," said Jones.

In the panic of the accident, Jones discovered that none of the bystanders had yet called an ambulance. Her husband, Lt. Thomas Jones, Judge Advocate General Corps, race to a nearby shop. Not knowing the Japanese word for ambulance, he made some siren noises and motioned to make a call.

"When I returned to the beach, the girl was still not responding," he said.

Thomas said he then had to take on the job of crowd control, since many of the girl's friends were panicked, clinging to the victim.

Fortunately, after minutes of CPR, the girl started vomiting and coughing.

"The girl also started strained breathing, at which time Jackie turned her over onto her side in a recovery position," said Thomas. He said that after about 15 minutes, the ambulance arrived, and both victims were taken to a Japanese hospital.

Jacqueline Jones will receive the Navy and Marine Corps Achievement Medal at U. S. Naval Hospital Yokosuka

early this month.

"Jackie was truly amazing and I am very proud of her professionalism and bravery," said Thomas. "She calmly controlled the situation and surely saved this girl's life."

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Okinawa Hospital Blood Donor Sets Guinness World Record

From U.S. Naval Hospital Okinawa, Japan Public Affairs
OKINAWA, Japan - Air Force Staff Sgt. Dennis Provencher, retired, donated his 226th unit of blood at U.S. Naval Hospital Okinawa Oct. 11, setting a new Guinness world record.

Provencher is a longtime blood donor at the U.S. Pacific Command Armed Services Blood Bank Center West, collocated at U.S. Naval Hospital Okinawa. The previous world record was 213 units, which was set by another former military member.

The "Guinness World Book of Records" will list Provencher's name in the next edition as holding the record for giving the most units of blood. Added together, Provencher's blood donations exceed more than 28 gallons.

Provencher said he has always felt strongly about donating blood knowing that it can save lives and "it doesn't hurt at all."

Healthy individuals who meet all blood donor standards may give blood every 56 days.

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Just What The Doctor Ordered: Transaction Service Keeps Eye on Prescriptions

By Loren Barnes, Naval Hospital Jacksonville, Fla.

JACKSONVILLE, Fla. - Did you ever turn in several prescriptions to different pharmacies and wonder how pharmacists keep all your drug information straight?

Throughout the military healthcare system, the job is made easier by a state-of-the-art database called the Pharmacy Data Transaction Service (PDTS). The service links patient information among more than 500 pharmacies at military treatment facilities worldwide, the National Mail Order Program (NMOP), and more than 40,000 civilian retail pharmacies that are part of the TRICARE managed care network nationwide.

Regardless of location, when using the PDTS, if a beneficiary has a prescription filled at a military medical facility, then at a network retail pharmacy, and later through the NMOP, providers and pharmacists at authorized TRICARE sites worldwide will have access to the same historical patient prescription information.

"This system is patient-safety oriented," said Capt. Elizabeth Nolan, Medical Service Corps, the Navy's specialty leader for pharmacy. "It allows military

medicine to monitor what prescriptions individuals are taking at a level that is unmatched in the civilian sector."

According to Nolan, the PDTS is a first in the healthcare industry. Never before have multiple networks of different organizations been linked to a single pharmacy data service.

Lt. Jody Dreyer, Medical Service Corps, Naval Hospital Jacksonville's outpatient pharmacy division officer, explained how the service works at his facility.

"When a patient brings in a prescription, we screen it and enter it into the computer system," he said. "An electronic message is sent to the PDTS central data repository where it is screened. A message is sent back saying either there's no issue or, yes, there is an issue. It will tell us what the potential interaction is, the pharmacy the medication came from, when they got it, and what the medication is. All this happens in an average of 3.2 seconds. All the data is encrypted and secure in order to safeguard patient privacy."

Another area in which PDTS plays an invaluable role is alerting healthcare providers to possible cases of prescription abuse. At issue is "doctor shopping," where patients may visit different doctors to get the same controlled medications.

Dreyer said he hasn't seen a doctor-shopping problem, but PDTS adds safeguards beyond what are currently available in the civilian sector.

Dreyer said PDTS allows pharmacists to identify duplicate or contraindicated therapies where extra counseling is need for a patient to ensure there are no adverse reactions.

As another safeguard, some pharmacies, including Naval Hospital Jacksonville, will be bringing online the latest generation pharmacy dispensing automation. This automation uses a barcode system to significantly reduce the opportunity for human error.

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Pearl Harbor Clinic Ready, Willing, Able
By Ens. A.A. Noad, Medical Service Corps, Naval Medical Clinic Pearl Harbor, Hawaii

PEARL HARBOR, Hawaii - In the short nine months since assigned a medical mobilization platform, Naval Medical Clinic Pearl Harbor has trained 74 officers and Sailors, ensuring their readiness to deploy at a moments notice.

They have updated their personnel records, squared away their seabags and continue to receive specialized field medical training in the event a deployment brings them in harm's way.

Through coordinated efforts with 3rd Marine Regimental Aid Station, Marine Corps Base Hawaii, hands

on field training has been provided to the hospital corpsmen, enhancing team skills and building on an already solid foundation of experience and knowledge in field medical operations. In addition to this training, all of the Sailors have deployed with operational units in the past, making them exceptionally ready to augment, as necessary, units in the Pacific Rim region.

"We're ready," said Hospital Corpsman First Class Byron A. Pack, one of the mobilization team members. "Corpsman have served along side Marines in combat since the inception of the rating. Whatever the future brings, this 21st century team is ready to assist Sailors and Marines at the tip of the spear."

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Up-To-Date DEERS Info Essential For Seamless Healthcare
From Bureau of Medicine and Surgery Public Affairs

WASHINGTON, DC - For beneficiaries in the Military Health System - active duty, Reservists, retirees, and their family members - TRICARE is your healthcare benefit. TRICARE, however, is only available to those who are registered in the Defense Enrollment Eligibility Reporting System, or DEERS. When beneficiary information is current, the door to TRICARE benefits is always open. Problems can arise, though, when DEERS information isn't up to date.

"Whenever you have a change in your life you should update your DEERS information," said Skip Katon, the Navy's DEERS medical project officer. "Even if you haven't had any life changes for years, when you update your or your family's military ID cards, you should ensure your DEERS information is up-to-date, too."

According to Katon, when DEERS information isn't current, one problem that can arise is when medical claims are filed with the medical support contractor. If you're not properly registered with DEERS, your claim may be denied. And while military treatment facilities won't turn you away if you're sick and need care, you will be directed to update your information within 30 days, or face the possibility of being billed for service.

Address and telephone numbers, promotions, marriages, divorces, transfers to the Naval Reserve, deaths, births, re-enlistments, and retirements are all examples of changes that should be entered into your DEERS as soon as they happen to keep current. TRICARE administrators encourage periodic DEERS check-ups to ensure information is up-to-date. Keeping current also ensures those important TRICARE-related healthcare documents, such as enrollment cards, brochures and privacy notices, and even mail-order prescription medications are delivered to the correct address and on time.

Ensuring accurate DEERS information is the

responsibility of sponsors. DEERS and TRICARE helps you remember to make updates by mailing information to your current address, so it's essential that your address is current. There are several ways to update your address:

- Visit the DEERS Website, www.tricare.osd.mil/deers/.

This is the quick and easy way to make address changes.

- Visit a local personnel office that has a uniformed services I.D. card facility. To locate the nearest military ID card facility, visit the Defense Manpower Data Center Support Office (DMDCSO) RAPIDS Site Locator website, www.dmdc.osd.mil/rsl/. Call the personnel office before you go for hours of operation and what might be needed to update the record. This is especially important if you are updating a record for someone who is housebound.

- Fax address changes to the DMDCSO at 1 (831) 655-8317.

- Call the DMDCSO Telephone Center at 1 (800) 538-9552. The best time to call the center to avoid delays is between 6 a.m.-3 p.m. PST Wednesday-Friday.

- Mail the changed information to "Defense Manpower Data Center Support Office, ATTN: COA, 400 Gigling Rd., Seaside, Calif. 93955-6771."

To update information other than addresses, documentation such as marriage, birth, or death certificates; DD 214s; or divorce decrees often must be provided. Contact the nearest military ID card facility to find out what documents are needed to update DEERS eligibility information.

For more information about DEERS records, call the DMDCSO Telephone Center at 1 (800) 538-9552. Hours of operation are 6 a.m.-3:30 p.m. PST Monday-Friday.

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DoD Health Official Details TRICARE Progress

By Rudi Williams, American Forces Press Service

FALLS CHURCH, Va. - Edward P. Wyatt Jr., principal deputy assistant secretary of defense for health affairs, said TRICARE, including TRICARE for Life and the Pharmacy Data Transaction Service, is working hard to provide outstanding benefits for active duty service members, retirees and their eligible family members.

The DoD health affairs deputy said today's biggest challenge is satisfying beneficiaries. One project involves a round of contracts that requires improved system-wide accountability and performance, and a fresh approach and focus on customer satisfaction, Wyatt noted.

"Satisfying our customers has always been important to us. But for the first time, incentives for the contractors are linked directly to the extent to which they satisfy their customers," he said.

Satisfaction also means as much outreach as

possible. He said outreach was particularly important for the implementation of TRICARE for Life.

"The overwhelming set of issues we encountered in the beginning related to other health insurance (providers)," Wyatt noted. "Hard as you try, you just can't reach everybody with the message. Many people didn't trust that the (TRICARE) benefit was going to be made available on time and that it would be as extraordinary as it is. So they held off dropping their other insurance (policy). Once they saw that the benefit was working as advertised, they dropped their other health insurance."

Reaching out for satisfaction includes those elderly and immobile beneficiaries who aren't aware of what TRICARE can do for them. Wyatt said some of them are in nursing facilities and have been out of contact with the military, particularly with the military health system, for years.

"They've always been eligible," Wyatt said. "We can help them demonstrate their eligibility by getting them re-enrolled in DEERS, up-to-date ID cards or some other registry mechanism so they don't have any glitches."

One requirement in the new generation of contracts calls for Medicare beneficiaries under age 65 to be able to use TRICARE as secondary health insurance without having to file paperwork.

Wyatt also dubbed the Pharmacy Data Transaction Service "an enormous breakthrough," noting small hospital systems around the country use a similar system all the time. "But to apply it to a system of 75 hospitals, numerous clinics and every retail outlet in the contract network is huge," he said.

The pharmacy service uses state-of-the-art technology to link patient information between pharmacies at military treatment facilities, the National Mail Order Program and civilian retailers that are part of the TRICARE managed-care network.

Officials said the linking of prescription information improves quality and enhances the safety of the military pharmacy program.

Wyatt noted that more than 52,700 potential medication errors or drug interaction problems have been caught and avoided since the program's implementation about a year ago.

"Some could have been potentially fatal," he said. He also talked about efforts between DoD and Veterans Affairs that will eliminate potential adverse drug reactions. He said the departments are conducting a project to stop service members from having to take two physical exams, one before discharge from active duty and the other at a VA facility to determine eligibility for veterans benefits.

"I see the day when the member gets a physical

that's good for (both) DoD and VA requirements," Wyatt said. "It's wasteful of resources. Neither of us has enough resources in either of our health care systems to be doing wasteful tests, and particularly tying up primary care providers."

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HealthWatch: Diabetes Can Be Silent Yet Deadly Disease
By Aveline V. Allen, Bureau of Medicine and Surgery

BREMERTON, Wash. - There are 17 million people in the United States who have diabetes. However, 5.9 million of those persons do not know it, according to the American Diabetes Association (ADA). Could you be one of them?

"Diabetes is a disease that prevents blood sugar from being used as energy," said Edward L. Lee, a registered nurse and head of the diabetes disease management program at Naval Hospital Bremerton. "If not managed appropriately, it can lead to chronic but deadly complications that are otherwise preventable. Anyone who is told they are borderline diabetic should insist on getting on a diabetes prevention program from their health care provider. That includes those who are at risk, too."

Lee said that a list of risk factors for diabetes can be found on the ADA web site, which is "an excellent educational resource for diabetes education and prevention."

The fifth deadliest disease in the United States, diabetes can occur in anybody, regardless of his or her age or race. However, certain people are at a higher risk for the disease than others. The ADA says that it is more common in African Americans, Latinos, Native Americans, Asian Americans, Pacific Islanders, and the elderly.

The three main kinds of diabetes are Type 1, Type 2 and gestational.

Type 1 occurs when the body produces no insulin, and tends to be seen more in children and young adults. Persons with this type of diabetes must take insulin injections. The ADA estimates this type makes up approximately 5 to 10 percent of diabetes cases.

Type 2, which is the most common form of diabetes, occurs when your body cannot produce enough or properly use insulin. This type makes up 90 to 95 percent of cases. People with a family history of diabetes, are over 45 years old, are overweight, and who do not exercise regularly are more susceptible to Type 2. In the U.S., Type 2 diabetes is nearing epidemic proportions as the number of older Americans increases, and there is a greater prevalence of obesity and sedentary lifestyles.

Gestational diabetes is found in about 4 percent of pregnant women, according to the ADA. About 135,000

cases are reported each year. High blood sugar levels during pregnancy characterize it. Treatment includes special meal plans and regular physical activity as recommended by a healthcare provider.

Lee said it's important for people who have this disease to "take the driver's seat" in managing it and should, in fact, develop and maintain a long-term diabetes management program with their doctor.

"Diabetes doesn't take a vacation," said Lee. "Positive lifestyle change is the best intervention one can take for a healthier future."

Various symptoms associated with diabetes include frequent urination, excessive thirst, unusual weight loss, blurry vision, and increased fatigue. Many times diabetes may be undiagnosed because the symptoms seem so insignificant.

"Those at risk for diabetes can turn back the clock by early intervention such as making an appointment to see their provider and addressing this issue now," said Lee.

Medical studies show that with early detection and treatment, there is a decrease in the chance of developing complications of the disease. These can include, but are not limited to, heart disease, stroke or high blood pressure.

"Eating heart smart, complemented with regular physical activity, is a great way to prevent diabetes," said Lee. "These work better than medication in diabetes prevention."

For additional information on diabetes, visit the ADA website, www.diabetes.org.

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EDITOR'S NOTE - November is American Diabetes Month.

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